

SERVICE DES RELATIONS INDUSTRIELLES - SRI
INDUSTRIAL RELATIONS OFFICE

EPFL-SRI
Station 10
CH-1015 Lausanne

Phone: +4121 693 35 90 or 70 23
Fax: +4121 693 70 40
E-mail: natalia.giovannini@epfl.ch
Website: www.epfl.ch/sri



ÉCOLE POLYTECHNIQUE
FÉDÉRALE DE LAUSANNE

Mrs Leslie Brown Goldberg
Patent Administrator
New England Biolabs, Inc.
240 County Road
Ipswich, MA 01939
USA

O/Ref. : see list

Y/Ref. : see list

Lausanne, August 6, 2010

EPFL – Powers of Attorney – several matters

Dear Mrs Goldberg,

We thank you for your e-mail dated August 5, 2010.

Hereto attached the documents duly signed by Mr Clerc :

	Filing n°	Yr ref	Our ref
1	US10/529,651	CVE 002 PUS	6.0327-US
2	US - New filg	CVE 002 CON US	
3	EP 2037271	CVE 001 D2 PEP	6.0310-EP DIV2
4	EP 05716865.0	CVE 005 PEP	6.0591-EP

Kindly inform us of the priority filing n° and date for the point 2, so we can give you our correct references.

We anticipate the documents via e-mail and the original via normal mail.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Rosina Amendola'.

p.o. Rosina Amendola
Administration & Accounting

Encls.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/529,651
Filing Date	10/1/03
First Named Inventor	Kindermann et al.
Title	Substrates for OG-AIKytransferase
Art Unit	1624
Examiner Name	Bereh
Attorney Docket Number	CV-E-002-PUS

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

28986

 I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number.

OR

 The address associated with Customer Number:

28986

 Firm or Individual Name:

Address:

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Email: _____

I am the:

 Applicant/Inventor.

OR

 Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Clerc</i>	Date	AUG 6, 2010
Name	CLERC, Gabriel	Telephone	
Title and Company	Head of SRI - EPFL		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.